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ABSTRACT

This handbook is intended to assist South Carolina parents of children with severe emotional disturbances as they participate in the state's "Continuum of Care" program, which attempts to provide community based treatment in the least restrictive environment for each client. The handbook begins with a letter from a parent of an autistic young adult, then goes on to discuss the importance of parents in the Continuum of Care program and to describe the program as state-funded effort to keep the child in his/her own home while providing needed services. A question and answer section addresses such concerns as: how the Continuum of Care program is different from other agencies; the role of the service coordinator; the Total Service Plan (TSP); the TSP meeting; closing of a case; placement outside the home; and parental financial responsibilities. The next section briefly describes the four services available under the program: (1) educational services, (2) treatment services, (3) residential services, and (4) support services. The final section describes eight South Carolina agencies with which the Continuum of Care program works, including the Departments of Social Services, Mental Health, Youth Services, Vocational Rehabilitation, Education, and Mental Retardation. Locations of program offices and names of major personnel conclude the handbook. (DB)

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South Carolina Continuum of Care

For Emotionally Disturbed Children

Parent Handbook

EC 302416

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The Parent Handbook

The Continuum of Care parent handbook contains some basic information about the South Carolina Continuum of Care that will help you understand how the Continuum works with severely emotionally disturbed children. The handbook contains answers to some common questions parents have about the Continuum of Care. We will provide information about other agencies that work with the Continuum of Care, and the types of services we offer.

Bring this handbook with you to your first meeting with your service coordinator. He or she will go through the handbook with you so that you can become familiar with terms and procedures used by the Continuum of Care. If there is anything that you do not understand, please ask questions. The Continuum of Care staff needs your help to determine what services are best for your child. You know your child better than anyone, and the Continuum of Care needs your help to help your child.

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Letter From a Parent

Hello,

I am the parent of a son with emotional disabilities. This is often a case of life in the fast lane with the child, but the slow lane with programs or facilities available for a child that needs special everything.

Initially, I knew something was wrong with the development of my son before he was a year old. It took three and a half more years before doctors would agree it was more than just "a mother's concern".

The first diagnosis I got was hyperactivity — then came the multitude of medications to slow him down. Most backfired and intensified the problems. The figurative wall climber became a literal wall climber with all day temper tantrums. Occasional sleepless nights came to be expected by the family. Friends disappeared or asked that you visit alone. How could you? No one would watch your child. Baby-sitters, day care centers, churches, friends, relatives — all had the "Not Welcome" sign out. His behavior got more bizarre as he got older and he became more clever at creating disruptions. Some of the things he did were horrifying while others were funny, after the fact, because of his cleverness. This in a way was a positive sign, because to me, it meant he was smart — just had all the brain wires hooked up wrong. Because of this, I never gave up hope he could succeed. The problem was HOW?

At age five he was diagnosed as autistic but high functioning, as he had some speech. Luckily, he got into a special program for the behaviorally handicapped. I had to chart his behavior every 15 minutes all day long for rewards or consequences, and he actually made progress. By age eight he was mainstreamed into public school; but going from a classroom of five students to 26 students was a major setback. Thereafter, it was special education or emotionally handicapped classrooms and a slow decline in acceptable behavior. In his home neighborhood he was unwelcome everywhere and the brunt of peer teasing. This also taught him new bad behaviors. "Do Unto Others" — and he did as was done to him. A "normal" child can get away with this, but not one that "should be locked away". At age 13 he was locked away for his safety and the safety of the family.

At this point I felt like a failure, but also felt, deep down, that he could make it if only there were help. After a year and a half of my son's hospitalization, I was referred to the Continuum of Care. Our lives changed. My son still needed special care and was in and out of state residential care programs for another four years. During that time, I had moral and emotional support and constant help finding and making a local program for my son.

Today he is in a local sheltered home, working part-time and continuing to grow to be a productive and more responsible young adult. No, the struggle isn't over and never will be. But he is progressing in a positive manner and isn't locked away for life. I am proud of him and more importantly, he is proud of himself. I am not sure we would have come so far without the help we received from the Continuum of Care. But I also know, when it is your child, you never give up and you utilize all the help you can get to fight for your child's rights.

Elizabeth S. Gettys

Elizabeth S. Gettys

Parents and Children

Many people make up the Continuum of Care team. We will talk about these people in this handbook. But the most important parts of the team are you and your child. We believe that the best place for a child is with his or her family if at all possible, so the support and cooperation of parents is very important to the Continuum of Care. You will read in this handbook how you can be involved in your child's treatment, and how you can contribute to his or her success as a Continuum of Care client.

Parents of children with severe emotional disturbance often feel like they are alone in their struggle to deal with and find help for their child. According to the Children's Defense Fund publication, *The State of America's Children, 1991*, the U.S. Public Health Service estimates that between 7.5 and 9.5 million children in America have severe emotional disturbances. The South Carolina Department of Education estimates that there are over 5,400 emotionally handicapped children in South Carolina. So you can see that you are not alone.

By working together, the Continuum of Care, parents and their children have a better chance of making progress and finding solutions to difficult problems. We are here to answer your questions, to support you and your family, and to find services for your child. Please remember that families are an important part of the Continuum of Care team.

Continuum Of Care Basics

Here are some basic things to remember about the Continuum of Care. A more detailed explanation of these items follows in a question and answer section.

- The Continuum of Care is a state agency with one administrative office in Columbia, five regional offices, and several satellite and outpost offices located throughout the state of South Carolina. The addresses and phone numbers of these offices are listed at the end of this handbook.

- The Continuum of Care does not charge a fee for its services. However, when a child becomes a Continuum of Care client, parents are still financially responsible for their child to the extent that they are able.

- The Continuum of Care is funded primarily with state revenues and with some Medicaid funds. The South Carolina General Assembly determines the amount of money the Continuum of Care can spend each year.

- Parents of Continuum of Care clients play an important role in helping their child follow the service plan developed for him or her. The Continuum of Care works with the parents or legal guardians to keep their child in their home if appropriate. The Continuum of Care will place a child away from home only if that is the best plan for the child. If a child is removed from his or her home, he or she is placed in the least restrictive environment possible. Services will be planned to return the child to his or her home as soon as possible.

- The Continuum of Care works with other state agencies and private providers to find or develop the best services possible for each client. The Continuum of Care bases its plan for services on providing **community based treatment** in the **least restrictive environment** possible for each client.

Questions and Answers

1. What is a "continuum of care?"

Think of a continuum as a long line that keeps going — a line that continues. You can move back and forth along this line, or you can stay in the middle. We use the word continuum at the South Carolina Continuum of Care because we provide services that would fit along that continuing line. We provide services from least to most intensive delivered in settings from least to most restrictive. What this means to our clients and their families is that we will work to find whatever services they need. Children will have services developed for them that meet their individual and special needs. Our goal at the South Carolina Continuum of Care is to move all our clients along this line toward the least restrictive, least intensive services possible so that our clients and their families can find a place on the line that is comfortable and healthy.

2. What is the South Carolina Continuum of Care?

The South Carolina Continuum of Care is a state agency that serves children and youth with severe emotional disturbance throughout the state. You may hear people call the Continuum of Care "the Continuum". At the South Carolina Continuum of Care, many types of services may be provided in a variety of settings for our clients. Services ranging from a positive role model or school tutor (least intensive) to services in a residential treatment facility (most intensive) may be provided. The child can receive these services in settings ranging from the home and resource classes (least restrictive) to a psychiatric hospital with school instruction given in the hospital (most restrictive). The purpose of the South Carolina Continuum of Care is to ensure that an array of services is available in a wide range of settings to meet the different and changing needs of clients with severe emotional disturbance.

3. *How is the Continuum of Care different from other agencies?*

The Continuum of Care was created to serve children in South Carolina with the most severe emotional disturbances. This means that the Continuum's clients have many problems that require a comprehensive treatment plan. When services are needed that cannot be provided by another agency, the Continuum of Care works to provide what is needed.

The Continuum of Care does not directly provide treatment or services to the client. The Continuum contracts with other people, organizations and agencies to provide services. Each state agency provides the services called for by its mission, and the Continuum staff manages the delivery of these services. We make sure that all the people who provide the services for our clients are working together to meet the planned service and treatment goals.

The Continuum of Care has a **no-eject, no-reject policy**. No-eject, no-reject means that once children are accepted as clients of the Continuum, they cannot be ejected or rejected from the Continuum because of the severity of their behavior or the level of difficulty in treating their problems.

4. *What is a service coordinator?*

At the Continuum of Care, we call our case managers **service coordinators**. The service coordinator is the person at the Continuum with whom you will have the most contact. Once your child has been accepted as a client, your service coordinator will call you to schedule a meeting so that he or she can begin planning your child's services. This first meeting is a good time to ask your service coordinator any questions you may have about his or her role, about the Continuum, or about anything you do not understand.

The service coordinator will want to ask you many questions about your child's history and your family's history. He or she will also ask you about the services your child has received in the past or is currently receiving. These questions may take some time to answer, but the answers are very important because they guide the service plan that will be developed for your child. Once this information is complete, the service coordinator will schedule the first service planning meeting. This meeting will be scheduled within 22 working days of your child's acceptance as a client.

The main job of service coordinators is to make sure that all the people involved in their clients' cases are communicating and working together toward the same client goals. Through this intense case management, service coordinators make sure the services planned and developed for their clients are delivered.

5. *What is a Total Service Plan or TSP?*

The Continuum service coordinator calls together the parents or legal guardians, the client, and all the people that provide services for the child. These people meet to develop the **Total Service Plan**, or **TSP**. The people that develop this plan are called the **Total Service Planning Team**, or **TSP Team**. Service coordinators will monitor the plan, coordinate the services, and keep the lines of communication open between all members of the TSP Team.

The TSP may seem complicated at first, but remember that this is the plan for services for your child and family. The services planned for each child will be different because each child has different strengths and needs. However, there are certain standards that the Continuum uses when developing every TSP:

- The first standard is **community based treatment**. The Continuum looks for services in the community that will allow the child to stay at home or as close to his or her family as possible. These services should be provided in the least restrictive setting in which the child can function.

- The second standard is **wrap-around services**. The TSP team may use many different services to enable the family to keep the child at home. These services often include educational services, treatment services, and crisis response services, as well as support services such as transportation, behavior management, and positive role modeling.

- The third standard is **family involvement**. The child's parents or legal guardians should be actively involved in all aspects of the child's treatment and should provide emotional and financial support whenever possible.

At the end of the first TSP meeting and all other TSP meetings, you will be asked to sign a paper that says that you agree with the TSP. If you do not agree with the plan, you may sign a paper that says that you do not agree. If at any time you disagree with the services being provided, or would simply like to review the service plan and ask questions, talk with your service coordinator about your concerns. You may request a meeting of the TSP Team to review your child's

service plan at any time. Remember, you have the right to have everything about the service plan explained to you so that you understand it.

6. *Who is involved in the TSP meeting?*

The Continuum of Care service coordinator is responsible for organizing the TSP Team meetings and for staying in contact with all the people on the Team. The service coordinator will invite people to the meeting who are working with your child. A worker from the Department of Mental Health, the Department of Education or the Department of Social Services might attend. If a private therapist or counselor has been working with your child, he or she will be invited. The service coordinator may have an idea about someone who could help your child. This person might also be invited. Your service coordinator will discuss these options with you.

The parents or legal guardians are always encouraged to attend and participate in the TSP meeting. When appropriate, the child is also asked to attend.

7. *What is expected of me and my child at the TSP meeting?*

As a parent or legal guardian, you are a very important part of the TSP meeting. The services being planned will affect your child's life and your family's life. You can supply the team with needed information about your child and his or her behavior. You will be asked for your opinion and input about services being discussed. You will be asked if you support the service plan that is developed and reviewed at the TSP. As a part of the TSP Team, you can help the Team make better, more effective decisions about your child.

If you disagree with any part of the service plan, it is important that you tell the other members of the TSP Team that you do not agree. The Team must be able to communicate and resolve differences in the best interest of the child. If all members of the Team work together, your child will be better served.

The child's participation in the TSP meeting is also important. The child has a right to let the Team know what he or she thinks about the services being planned. There are times when it is not appropriate for the child to attend the TSP meeting. Your service coordinator will help you decide if your child should attend the meeting or not.

8. What are status levels?

All children are assigned status levels while they are Continuum of Care clients. Status levels help the service coordinator and members of the service planning team determine the level of case management necessary. Status levels determine how often your service coordinator meets or talks with your child and family, and how often the Total Service Planning meetings are held. Clients move from one status level to the next depending on their progress. Your service coordinator can answer your questions about your child's status level.

9. When will my child's case be closed?

Although the Continuum of Care has a no-eject, no-reject policy, there are times when client cases are closed. Certain conditions must be met before a case may be closed:

1) The Total Service Planning Team decides that the client has made such positive progress that the Continuum's services are no longer needed.

2) The client has surpassed the upper age limit for receiving Continuum services (18 or 21 if enrolled in special education).

3) The client moves out of state and remains out of state for 30 days. In this case, the service coordinator will have contacted appropriate school and agency personnel in the new state to help the client receive needed services.

4) The parent or legal guardian withdraws consent for the client's involvement in the Continuum program.

5) The adolescent client marries or reaches the age of 17 and makes a decision to withdraw from the program.

6) The parent or legal guardian continually refuses to allow the client to participate in or accept any services for a period of three months even though actual consent is not withdrawn.

10. Will the Continuum of Care place my child away from home?

The goal of Total Service Planning at the Continuum of Care is to keep children with their families and communities whenever possible. The Continuum will try many services to accomplish this. If you need help managing your child at home, your service coordinator may contract with a positive role model to spend time with your child. The service coordinator may also arrange for therapy at the local mental health center, recreation time with an activity therapist, and respite care so someone else can look after your child and give your family a break from the often difficult behavior that accompanies severe emotional disturbance. The Continuum of Care calls these services **wrap-around services**. This means that the services wrap-around your child and family to enable your child to remain at home.

Sometimes a client's problems are too severe to be treated at home. In this case, the TSP Team will look for the least restrictive setting possible in which your child can receive treatment. Even if your child is away from home, you remain an important part of the TSP Team and the treatment process.

11. Will the Continuum of Care take custody of my child?

The Continuum of Care does not take custody of children. This means that the Continuum never has custody of its clients. The only state agency that may take legal custody of a child is the Department of Social Services.

12. What are my financial responsibilities to my child while he or she is a Continuum of Care client?

There is no fee for Continuum of Care services. However, parents are financially responsible for their children when their children are Continuum clients. If you have medical insurance, you are responsible for using that insurance if your child needs medical treatment. You are responsible for providing your child with clothing, toiletries, or any allowance for spending money. The Continuum can help you find resources for clothing and other items if your family cannot provide them.

13. How can the Continuum of Care help my child when existing programs have not been able to meet his or her needs?

The Continuum's service coordinators are in contact with all the other people working with their clients. By working together, this team is able to see the whole picture, to anticipate problems, and to find solutions. Team planning encourages all members to cooperate and work together to find the best services for your child.

Many times the system that provides services for children with severe emotional disturbance cannot provide the intensity of services these children need. The Continuum finds wrap-around services to fit the individual needs of your child rather than trying to fit your child into a program that may not be best for him or her. If the services your child needs are not available, the Continuum works to develop those services.

Even though your child may have extremely difficult behavior, the Continuum will not eject your child from our program. The Continuum of Care will work with your child and family to find solutions until you or your child feel that you no longer need the Continuum's services, or until your child is enrolled in adult services.

The Continuum of Care's Array of Services

The public and private agencies, hospitals, treatment programs, providers and all other people and organizations who provide services are referred to as the **service delivery system**. Often a child will need many different services in order to meet his or her needs. The Continuum of Care coordinates as many services as a child needs so that he or she has the opportunity to grow and develop in a healthy manner.

There are four basic types of services available: **educational, treatment, residential,** and **support.** All these services can be used together to help your child and family.

- **Educational services** — Educational services are used to help children receive the best education possible in the least restrictive environment possible.

- **Treatment services** — Treatment services include a wide variety of services that help the children resolve conflict in a healthy manner, develop life skills, recognize their problems, and learn to function in society. There are many different types of treatment services. Service coordinators can help parents understand the many services that are available.

- **Residential services** — Residential services are living arrangements for severely emotionally disturbed children and adolescents. The programs involve treatment, living skills, socialization and stabilization away from the child's home.

- **Support services** — Other services can be arranged for clients such as transportation services, clothing services, medical services and legal services.

There are many different services available and each service may offer something unique. Parents may be unsure or confused about what these services are and what they offer to children with severe emotional disturbance. Please ask your service coordinator to explain the services you do not understand. Understanding what services are available and what services your child is receiving is important so that you can be actively involved in the treatment process.

Working Together to Make a Difference!

As a parent of a child with special needs, you have probably been working with people from a number of state agencies. The names and functions of these agencies and their programs can be confusing. COC, DMH, DYS, DSS, P&A, SCVRD, DMR AND CCRS—what do these initials mean? These initials stand for agencies which may be involved in your child's treatment. People often refer to the agencies by their initials simply because this is easier.

Some of the agencies that the Continuum of Care often works with are listed below. A description of what the agencies do and how the Continuum works with them is provided. You may meet a worker from any or all of these agencies at your child's TSP meeting. You will hear of other programs and private providers while your child is a Continuum client. Be sure to ask questions when you don't understand what someone is talking about. Ask the agency representatives questions about their programs. Remember, these agencies and their workers are here for you and your child. The Mental Health Association has a handbook for parents that will provide you with additional information about the agencies that work with children.

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES (DSS)

The Department of Social Services (DSS) manages programs that provide services in four areas: 1) services to children, families and adults; 2) child support enforcement; 3) self-sufficiency; 4) economic and medical benefits. Most of these programs are county-based. Child support enforcement and adoption and birth parent services are operated regionally.

Children, family and adult services are aimed at preventing the abuse and neglect of children and adults, and protecting those who have been abused. The services provided help individual adults to live independently, and help families learn to work together in a healthy manner.

DSS is different from other agencies because it may have custody of its clients. This means that DSS acts as a legal guardian for its clients. DSS has the responsibility for developing a

permanent life plan for the children in their custody. Many Continuum clients are in DSS custody. The client will remain in DSS custody even when accepted as a Continuum client. The Continuum of Care service coordinator and the DSS social worker work together to develop a treatment plan that will help the client meet the goals of the life plan. They both attend TSP Team meetings and work with the parents and client to help the family follow the service plan.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (DMH)

The Department of Mental Health (DMH) provides a broad range of therapeutic services for children and adolescents up to the age of 18 who suffer from psychiatric or emotional disorders. DMH provides services to help children address problems which are biologically, psychologically or socially based. DMH encourages full involvement of families and communities as part of the child's treatment. Across the state, DMH offers evaluation, crisis stabilization, individual, family and group therapy as well as inpatient services, and, on a more limited basis, family preservation programs, therapeutic foster care, and specialized services for sexual offenders and victims of child abuse.

Often, a Continuum client will receive treatment in a DMH program. A therapist who has worked with a client may come to the TSP meeting to make recommendations and offer guidance. The Continuum service coordinator works with the DMH worker to organize the best services available for the client.

SOUTH CAROLINA DEPARTMENT OF YOUTH SERVICES (DYS)

The Department of Youth Services (DYS) is directed to provide a full range of juvenile justice services including: crime prevention programs, detention/release screening, intake, probation supervision, aftercare supervision, restitution, community supportive functions, institutional treatment and education, and Interstate Compact administration.

DYS works with children convicted of crimes and status offenses (such as running away from home or not attending school) who are too young to be placed in the adult correctional system. These children have been "adjudicated", which means that the court has decided the outcome of the client's case, and has directed a course of action.

When a DYS client becomes a Continuum client, the Continuum service coordinator and the DYS worker work together to organize and develop a service plan that best meets the needs of the child. The DYS worker makes sure that the court's decisions are followed within the Total Service Plan.

SOUTH CAROLINA PROTECTION AND ADVOCACY (SCP&A)

South Carolina Protection and Advocacy System for the Handicapped, Inc. (SCP&A or P&A) helps anyone with a physical or mental disability who experiences discrimination as a result of the disability, or is illegally denied a needed service by an agency or program. SCP&A can serve disabled individuals regardless of their age, income, type of disability, sex, residency, race or religion. There is no fee for services. SCP&A has offices in Greenville, Columbia, Florence and Charleston. The basic philosophy of P&A stresses negotiation and informal resolution of problems. However, P&A employs attorneys who can seek appropriate legal solutions when necessary.

SCP&A provides advocates for individuals with a physical or mental handicap who are placed in the following facilities:

Department of Mental Retardation (DMR)
Department of Mental Health (DMH)
Department of Youth Services (DYS)
Department of Corrections (SCDC)

The person who is advocating for the client investigates abuse, neglect, improper placement and other complaints. This Advocate works with the staff, policies, and programs of other agencies to resolve problems. At all times, the P&A advocate represents the wishes of the client.

If a SCP&A advocate is at a Continuum TSP meeting, they are there at the client's request. Parents, guardians, and agencies having custody of children may request that SCP&A advocate for a child.

SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT (SCVRD)

To qualify to receive services from the Vocational Rehabilitation Department (SCVRD), a person must be at least 16 years of age and must have a physical or mental disability which is considered a handicap to that person's ability to be employed. There also must be reasonable evidence that, with vocational rehabilitation services, that person could be employed.

Vocational Rehabilitation works with Continuum clients who are students aged 16 and over. Once a student is referred to Vocational Rehabilitation, a counselor will arrange a complete evaluation for that student. The staff tries to find out what the student can or cannot do through testing, work sampling, and counseling. If a client is eligible, the counselor then uses this information to develop an individualized written rehabilitation program, a program of services

tailored specifically for that student, which takes into consideration the student's vocational needs, interests, and abilities identified by the evaluation.

Vocational Rehabilitation counselors can be effective members of the Total Service Planning team as they advise the team about a client's employment possibilities.

SOUTH CAROLINA DEPARTMENT OF EDUCATION

The Department of Education, Programs for the Handicapped, oversees and administers all agencies providing educational services for children with disabilities in South Carolina. **Under Public Law 101-476, Individuals with Disabilities Education Act (IDEA)**, which is the reauthorization of **Public Law 94-142**, children with disabilities must have available to them a free and appropriate public education. All agencies providing educational services are required to provide an **Individualized Education Program**, or **IEP**, for each child with a disability which:

- is free and appropriate
- is in the least restrictive environment
- is based on a comprehensive and individualized evaluation/assessment
- allows parents and students an opportunity to be involved in the planning process
- includes due process procedures.

The Department of Education representative works with the Continuum service coordinator to ensure that the child is receiving an appropriate education in the least restrictive environment to the maximum extent appropriate for that child.

The Continuum worker may attend the IEP meeting, or the Department of Education representative may attend the Continuum TSP meeting. These meetings are good opportunities for parents to ask questions so that they understand the education plan being developed for their child.

SOUTH CAROLINA DEPARTMENT OF MENTAL RETARDATION (DMR)

Many agencies in South Carolina are responsible for people with mental retardation or related disabilities. DMR advocates on behalf of citizens with mental retardation with other federal, state and local agencies to develop, coordinate and improve mental retardation services throughout South Carolina. The goal of DMR is to ensure that people with mental retardation

or related disabilities have the opportunity to reach their maximum mental, physical and social potential in as normal a setting as possible.

In South Carolina, mental retardation is defined as having an IQ of 70 or below and social/adaptive behavior test scores in the range for mental retardation. To apply for services, the family of a person with mental retardation or related disabilities should contact their local county mental retardation board. The family will be assigned a case manager who will arrange evaluation and planning procedures for the applicant to determine service needs and availability.

Some Continuum of Care clients are eligible for DMR services. The Continuum service coordinator works with the DMR case manager to find the best services possible for the individual.

SOUTH CAROLINA CHILDREN'S CASE RESOLUTION SYSTEM (CCRS)

Sometimes the agencies working with parents and children do not agree on the treatment plan for the child, the types of services required and/or the amount of money each agency will pay for those services. When the agencies do not agree on any or all of these issues, the Children's Case Resolution System (CCRS) can become involved in the decision making process. CCRS reviews cases of children being inadequately served, arbitrates cases where agencies are unable to agree, collects data on the cases, and recommends improvements in the delivery of services to children of South Carolina.

Anyone may refer a case to CCRS with the consent of the parent or legal guardian. Once a case is referred, CCRS sends the case to the "lead agency" which is the agency that provides the most services to a child. This lead agency and representatives from the other agencies involved with the child will try to reach agreement about the case. If this interagency team cannot reach an agreement, a CCRS staff member will meet with the team to develop a plan of services and to decide which agencies are responsible for providing and financing those services. This interagency cooperation helps ensure that children are more effectively and efficiently served by everyone.

Conclusion

The Continuum of Care's mission is to ensure that a range of services is available to the children in South Carolina with severe emotional disturbance whose needs are not being adequately met by existing services or programs. Our role is to supplement other services and treatment programs so that every child accepted as a client has a chance to be served.

As parents of a child with special needs, you face a unique challenge every day of your lives. The Continuum can help you meet that challenge. Through intensive case management, use of a wide array of individualized services, and the support of parents, families, and communities, the Continuum of Care believes that the emotional and social needs of children with severe emotional disturbance can be adequately and successfully served. We need your help, support, and understanding to do it.

Remember to ask questions when you do not understand something. Speak up during meetings at which your child's future is being discussed. Ask for the definition of a word or diagnosis that is unclear to you. Remember that everyone who is involved with your child wants the best for him or her. Misunderstandings may arise, but they must be resolved with the child's best interest at the beginning, middle and end of every discussion.

Together, we can find services to help your child and we can see that other children have the chance to be served in their communities. Together, we can move these children toward a healthier and more productive life.

Information and Phone Numbers

There may be times when you want to contact your service coordinator or a member of the Continuum of Care staff. If an emergency occurs or if you simply have questions about your child's service plan, you should know who and where to call for help.

Space is provided below so that you may write down emergency phone numbers. Ask your service coordinator for the information, and keep this information in a place where it can be easily found.

My child's service coordinator is _____

Service coordinator's phone number _____

Regional Office phone number _____

State Office phone number_____

Use the space below and on the following page to write down additional phone numbers and information regarding services or service providers.

NOTES

SOUTH CAROLINA CONTINUUM OF CARE OFFICES

STATE OFFICE

State Office
220 Stoneridge Drive, Suite 300
Columbia, SC 29210
(803) 253-6272

REGION I

Midlands Regional Office
2221 Devine Street
Fifth Floor, Suite 540
Columbia, SC 29205
(803) 253-6277

York County Satellite Office
454 S. Anderson Road, BTC-559
Rock Hill, SC 29730
(803) 329-9776

REGION II

Rural Regional Office
100 McGee Street
P.O. Box 1181
Bamberg, SC 29003
(803) 245-5147

Aiken County
Outpost Office
127 Greenville St., S.W.#2
Aiken, SC 29801
(803) 649-0863

Beaufort County
Outpost Office
140 S. Ribault Road
Suite 109
Beaufort, SC 29902
(803) 522-3205

REGION III

Lowcountry Regional Office
2106 Mount Pleasant Street
Charleston, SC 29403
(803) 727-2103

Horry County Satellite Office
4274 Stonebridge Ex. Office, Suite A
Hwy 17 Bypass, South
Myrtle Beach, SC 29577
(803) 293-3502

REGION IV

Piedmont Regional Office
206 South Main Street
Anderson, SC 29624
(803) 224-5028

Spartanburg Satellite Office
134 Garner Road
Spartanburg, SC 29303
(803) 594-4950

REGION V

Pee Dee Regional Office
144 Dargan Street
Florence, SC 29506
(803) 667-6080

Policy Board

The Governing Body of the Continuum of Care

Chairman
William H. Chandler, J.D.
Region V

Brenda C. Miller
Region I

Laura R. Dawson, Ed.D.
Region II

Russell Ramsey Mellette, Jr., M.D.
Region III

Richard L. Crain
Region IV

Paula B. Finley
Executive Director

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